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2022 SEP -6 AM 9: 3: SECRETARY OF STAT

COVER LETTER

Divisio	n of Corporations		
SUBJECT:	BREAT TRANSITIONS LLC		
	Name of Limited Liability Company		
The enclosed Ar	rticles of Amendment and fee(s) are submitted for filing.		
Please return all	correspondence concerning this matter to the following:		
	Lyn Henderson		
	Name of Person		
	Firm/Company		
	2305 Edgewater Drive #1310		
	Orlando FL 32804		
	Orlando FL 32804 City/State and Zip Code hender b @ gmail. Com E-mail address: (to be used for future annual report notification)	ca 62	
For further infor	rmation concerning this matter, please call:	922 SI ECR TAL	-77
Lyn	Hendlerson at (407) 617-6612 Name of Person Area Code Daytime Telephone Number	2022 SEP -6 AM 9: 32 SECRETARY OF STATE TALLAHASSEE, FL	
•	Name of Person Area Code Daytime Telephone Number	AH 9 OF 8	()
Enclosed is a ch	eck for the following amount: already paid \$52.50	AM 9: 32 BY OF STATE ASSEE, FL	
□ \$25.00 Filir	V/	of Status &	

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREAT T	TRANSITIO	INS LLC		
(Name of the Limited	I Liability Company A Florida Limited Lia	y <mark>as it now appears on our</mark> ability Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L 18 0000</u> 7		vere filed on <u>3/26</u>	12018	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the second seco	the limited liabili	ity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	y Company," the designation	on "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble: <u>"ADDRESS)</u>	2305 Edge #1310 Orlando	water D	12804
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	2305 Edge #1310 Orlando	zwater FL	Drive 32804
B. If amending the registered agent and/or re agent and/or the new registered office address	_	ldress on our records.	, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	William	Paul Hen	derson	II PA
New Registered Office Address:	2305	Paul Hen Edgewater Enter Florida stree	Drive,	#1310 —
	Orland	do City	, Florida	32804 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		Remove	
			□ Change
			□Add
			□Remove
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an effec <u>ote:</u> H	te date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ated _	Lecember 30, 2012. Lynd Herderson Signature of a member or authorized representative of a member T
	Londo Herderson with
	Lyn B Henderson William Paul Hena

Filing Fee: \$25.00